



Lael Christian Academy

Release of records for

Permission is hereby granted to:

Previous school name _____

Address _____

Student name _____ Grade _____

The above-named student has registered at *Lael Christin Academy*.

Please release the following records:

- Grades
- Health records
- Results of achievement and intelligent tests
- Personality rating and other data
- Grades in progress at the time of request
- Any other material pertinent to the growth of the student
- Any psychological testing or child study team information such as
 - Educational evaluation
 - Psychological evaluation
 - Social worker history

Written information should be sent to the attention of:

Lael Christian Academy
PO Box 130042
Tyler, TX 75713
or
Fax 903-213-1617

Authorization to release student's records:

I have enrolled my child (Name) _____ this date _____

at Lael Christian Academy and authorize you to release the above information so that we may plan a program for this student.

Parent/guardian name _____

signature _____ Date _____